



**Commonwealth of Kentucky**  
**Environmental and Public Protection Cabinet**  
**Department of Housing, Buildings and Construction**  
Electrical Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
Telephone: 502-573-0364  
Fax: 502-573-1598



**ELECTRICAL CONTRACTOR'S LICENSE APPLICATION**

Please check one: Individual License ☐ Business License ☐

**\*Contractor License Requirement.** Licensed Contractors are required to have a Master license holder associated with his/her license at all times. If you are applying for a contractor license and NOT a master license, you must provide the Master's license number.      \*\*Associated ME Name and License Number \_\_\_\_\_

Last Name	First Name, Middle Initial		Gender	Business Name (Contractor)		
Address(Street, Box, Route)	City	State	Zip Code	County	Age	Birth Date
Telephone Number and Area Code	E-mail Address		Social Security No.	Federal ID Number (Business)		

\_\_\_\_\_(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Electrical License at this time.

\_\_\_\_\_(Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Read this section carefully!**

The following information must be submitted with this application:

- Test results
- Passport sized color photograph
- Contractor license applicants must submit an Insurance Certificate indicating \$500,000 or more liability insurance by an authorized Kentucky insurer, certified by the Kentucky Department of Insurance and proof of compliance with workers compensation coverage requirements. The Certificate Holder must be listed as follows:

**Office of Housing, Buildings and Construction**  
**Electrical Section**  
**101 Sea Hero Road, Suite 100**  
**Frankfort, Kentucky 40601-5405**

**\*\*\*\*\*REMINDERS\*\*\*\*\***

1. Check your application. **Incomplete applications will be returned.**
2. Include the application fee with check made payable to **Kentucky State Treasurer**. If the fee is not included, the application will not be processed and will be returned. **Fees are nonrefundable.** Cash and credit card information cannot be accepted by mail.

\*\*\*For Office Use Only\*\*\*      Application: Denied ☐      Application: Approved ☐

Application Approved or Denied by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature



**DEPARTMENT OF HOUSING BUILDINGS AND CONSTRUCTION**

101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405

**Electrical Contractor License Application Instructions**

**AN APPLICATION WILL NOT BE CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL REQUIRED ITEMS HAVE BEEN SUBMITTED.**

**General Instructions**

The application must be completed and signed by the applicant. All information must be typed or clearly printed in black ink using upper case letters. The application and all attachments must be submitted on separate sheets of 8-1/2 x 11 plain paper. Please use a paper clip to fasten all pages together with the payment document on top.

Master Electrician License number – Enter the number of the license holder as it appears on the license form as issued by the Department of Housing Buildings and Construction.

Contact Name – Please print your name in the spaces provided (last, first, middle initial)

Gender - Indicate gender, male or female.

Business Name (Contractor) – Full name the business is operating under. If applicant and business name are the same, please insert applicant name.

Mailing Address – This is the address to which the office will mail your correspondence. Indicate your number and street, or post office your mailing address.

Age – Age of applicant at application date.

Birth Date – Applicant's date of birth.

Telephone Number – Provide the area code and telephone of the contact person.

E-mail address – Provide the e-mail address of the contact person.

Social Security Number – The SSN of the applicant.

Federal ID Number – Federal Tax Identification Number that is used by the business.

Current License held through other governmental entities – Please indicate issuer and license number(s).

Declarations – Please initial as appropriate.